

Sponsor Opportunities

76th

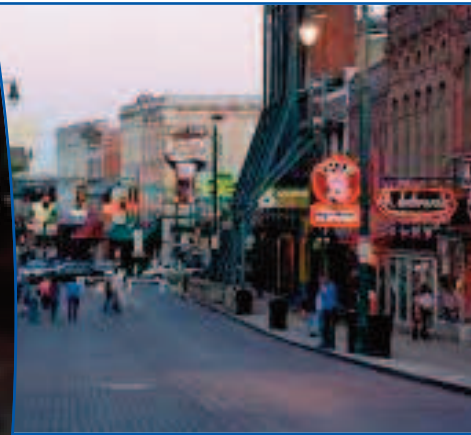
Annual Surgical Update



Hilton Hotel

June 11-14, 2014

Memphis



The Future of Surgery: A Paradigm Shift

Direct Questions to Nick Rebel, Executive Director

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The International College of Surgeons - U.S. Section is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians. As an activity sponsored by an accredited organization for continuing medical education, the ICSUS 76th Annual Surgical Update conforms to the AMA Ethical Opinion on Gifts to Physicians and the ACCME Standards for Commercial Support.

ABOUT THE SHOW

Space is available at the Hilton Hotel for free standing table top exhibits. A space of approximately 10' x 10' will be made available to each exhibitor along with a 6' table and 2 chairs. Pop up displays that fit in this space may be used, but must be setup by exhibiting company's own personnel and cannot exceed these dimensions or infringe on other exhibitor's space.

Exhibit opportunities are available on a daily basis. On Thursday, June 12th through Saturday, June 14th Exhibits will be on display at the Hilton Hotel in a location that will be determined prior to the meeting. Exhibitors must make their own arrangements to deliver exhibit materials to and from the hotel.

The exhibits will be laid out to ensure optimal traffic flow for all booths. Space assignments will be issued on a first come, first served basis. Exhibit installation will be available approximately one hour prior to the start of the meeting on each day. Currently scientific sessions are scheduled to begin at 8am. Exhibits should be manned for the duration of each day which is currently scheduled to end at 5pm. Further details regarding the schedule will be provided prior to the meeting. Schedule is subject to change at the discretion of ICSUS.

WITHDRAWAL

Until May 1, 2014, written requests for withdrawal from the Exhibit Show will be honored, minus a \$100.00 processing fee. After this date, no refunds will be issued, and the Exhibitor shall forfeit any payments as liquidated damages.

FDA DISCLOSURE

Displays or graphical depictions of drugs or devices declared investigational or unapproved by the FDA must contain only objective statements about the product, contain no claims regarding safety, effectiveness or reliability or comparative claims to other marketed products. These drug/devices must be displayed solely for the purpose of obtaining investigators and be accompanied by directions for becoming an investigator and investigator responsibilities. Drugs/devices must be accompanied by appropriate signs that indicate the clearance status. Signs

must be visible, near devices (clearly legible) and contain the following or similar statement: "Caution-Investigational Device-Limited to Investigational Use." Exhibitors will be required to submit, with their contract, a list of products they intend to display with each product's FDA status. Exhibitors may be required at any time to produce proof of claims, approval status, etc.

LIMITATION OF LIABILITY

Exhibitor releases and waives any and all claims, demands or actions against the Sponsoring Organization and the Exhibit Show facility and their respective officers, directors, employees and agents resulting from any act or omission of the Exhibitor, its employees, agents and invitees. In addition, Exhibitor agrees to hold harmless and indemnify the Sponsoring Organization and Exhibition Show facility and their respective officers, directors, employees and agents from any and all claims, demands or actions arising out of or as a result of any act or omission on the part of Exhibitor, its officers, directors, employees, agents or invitees, as a result of its Exhibit or otherwise related to Exhibit Show. The Sponsoring Organization and Exhibit Show facility and their respective officers, directors, employees and agents will not be responsible for any loss, injury or damage, including that by fire and theft, which may occur to Exhibitor, its employees, agents and invitees or to their property of wares, arising from any cause whatsoever prior, during or subsequent to the Exhibit Show period.

INSURANCE

The Sponsoring Organization does not insure Exhibitor's booth contents and personnel. Any Exhibitor wishing to insure materials, goods and/or wares of display against theft, damages by fire, accident, loss or liability of any kind, must do so at the Exhibitor's own expense. Primary responsibility for safeguarding Exhibitor's materials and merchandise remains with the Exhibitor. The Sponsoring Organization may lock the Exhibit Show area during non-show hours. This in no way should be understood or interpreted by Exhibitor as a guarantee against any theft, loss, damage or liability of any kind.

EXHIBIT FEES

Exhibit space is available for \$1,500 per 10'x10' space per day. Those reserving space for the first 2 days will be provided with a complimentary space on the third day. Maximum cost for exhibit space is \$3,000 for the entire meeting.

Sponsor Contract

International College of Surgeons
United States Section
June 12-14, 2014

Company Name: _____

Contact Name & Title: _____

Street Address: _____

City, State & Zip: _____

Telephone: _____ Facsimile: _____ E-Mail: _____

Brief Product & Service Description _____

For each product or service you intend to display at the ICSUS 76th Annual Surgical Update please list the FDA status: (you should use an additional sheet if necessary)

Drug/Device/Service: _____ Approved Investigational Not Approved N/A

The deadline to reserve space is April 30, 2014. Cancellations and refunds will only be honored if requested in writing prior to May 1, 2014.

EXHIBIT SPACE FEES: 10' x 10' Table Top @ \$1,500 per day

Please indicate on which days you wish to exhibit below and calculate fee accordingly

Thursday Friday Saturday - Number of days times \$1,500 per day = \$ _____ (maximum \$3,000)

In addition my firm would like to sponsor the following or purchase an advertisement; (upon receipt you will be contacted for more information. Please list sponsorship opportunity from page 2 along with amount. For ads please indicate size and specifications with corresponding amount from page 2)

I wish to sponsor _____ in the amount of \$ _____
(event/activity/item)

I wish to purchase an advertisement (indicate size and color) _____ \$ _____

TOTAL ENCLOSED: \$ _____ Check Master Card Visa American Express

Make checks payable to the ICS-US

Card Number: ____/____/____/____-____/____/____/____-____/____/____/____-____/____/____/____/Exp. Date: _____, 20 _____

Cardholder Name _____ Signature _____

In accordance with the previously outlined terms of the Exhibit Show, I hereby accept said terms and conditions for exhibiting as they may be amended from time to time by the Sponsoring Organization, International College of Surgeons - U.S. Section (ICSUS), and as described in detail herein. This completed form represents a binding agreement between the Exhibitor, Exhibitor's employing company and the Sponsoring Organization.

Applicant agrees to submit this Exhibitor Contract along with full payment.

Authorized Signature _____ Date _____

Mail or fax this form to:

ICSUS 76th Annual Surgical Update
1516 North Lake Shore Drive Chicago, IL 60610-1694
Fax (312) 787-9289